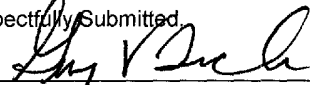



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Schuler et al.	Group Art Unit: 3731
Application No: 10/601,127	Examiner: Erez, Darwin P.
Confirmation No: 5998	Attorney Docket No: NK.0047.10
Filed: June 19, 2003	
Title: SYSTEMS AND METHODS FOR AEROSOLIZING PHARMACEUTICAL FORMULATIONS	December 6, 2007 San Francisco, California

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
Papers Enclosed	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
Total \$ 0.00			
<input checked="" type="checkbox"/> Supplemental Amendment <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	26	52	0	\$50.00	\$25.00	\$0.00
Independent Claims	2	6	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fee for Extra Claims	\$0.00		
Total	\$0.00	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Respectfully Submitted,	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below.		By:  Date: <u>December 6, 2007</u> Guy V. Tucker Registration No. 45,302	
By:  Date: <u>December 6, 2007</u> Amy Wells			